



Scotland's
Mental Health
and Wellbeing



Scottish Government
Riaghaltas na h-Alba

Children and Young People's Community Mental Health and Wellbeing Supports and Services Framework



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Objective

Every child and young person in Scotland, and their family members and carers, will be able to access community-based services that support and improve their mental health and wellbeing. They will be able to get the help they need, when and where they need it, from people with the right knowledge, skills and experience to support them. This will be available in the form of easily accessible support in their local area.

Aims

This Framework aims to:

- Set out a clear broad approach for the support that children, young people, their family members and their carers should be able to access for their mental health and wellbeing in their community.
- Assist local partnerships – such as Children’s Services Planning Partnerships (CSPPs) and Community Planning Partnerships (CPPs) – with the establishment and development of new or existing community mental health and wellbeing supports and services.
- Facilitate the creation, enhancement or ongoing delivery of services that can provide support that is innovative and additional to universal services, with a focus on prevention and early intervention.
- Ultimately, improve the lives of children, young people, their family members and their carers through easily accessible community-based support for their mental health and wellbeing (see [Appendix A](#) for Framework outcomes).

Context

The Framework

1. This Framework intends to support an approach based firmly on prevention and early intervention. It specifically addresses establishing or developing supports and services that target issues around mental wellbeing and emotional distress rather than mental illness and other needs that may be more appropriately met through clinical services such as Child and Adolescent Mental Health Services (CAMHS), or adult mental health services for those aged 18 and over. For most children and young people, the support they need is likely to be community-based, with a smaller number requiring a specialist response from CAMHS or adult mental health services.
2. The Framework applies to the provision of supports and services for those aged 5-24 (26 for care-experienced young people, in line with legislation), and also their parents, carers and siblings (hereafter referred to as “their families”).
3. The Framework is supported by Scottish Government funding intended to resource local partnerships to deliver sustainable, effective and easily accessible community-based support for mental health and wellbeing.
4. The Framework is focused on the additionality required for the development and delivery of supports and services in the prevention and early intervention space. As provision should be informed by local needs, it is not expected that the full range of supports and services described in the Framework will be available in any area.

National policy and delivery landscape

5. The first version of the Framework was published in February 2021 further to the findings of the [audit of rejected referrals to CAMHS](#), [Audit Scotland’s report on children and young people’s mental health](#), and the [Children and Young People’s Mental Health Taskforce](#). These recommended the provision of easily accessible support for children and young people with mental health problems not severe enough to fit the eligibility criteria for CAMHS, based in the community and focused on prevention and early intervention.
6. This revised version of the Framework is issued further to the recommendations of the [Children and Young People’s Mental Health and Wellbeing Joint Delivery Board](#) and the [Scottish Youth Parliament’s independent evaluation](#) of the supports and services, taking into account learning from the initial delivery of the Framework and relevant wider developments in the children and young people’s policy landscape.
7. The Scottish Government and COSLA published their joint [Mental Health and Wellbeing Strategy in June 2023](#). This recognises that children, young people and families should be able to easily access support in their local community when needed, and that this support should be focused on prevention and early intervention. The strategy highlights key issues impacting mental health and the delivery of mental health services, including health inequalities that should be considered. It also outlines the value of a whole-system approach where support,

care and treatment should be delivered in a way that is as local as possible and as specialist as necessary, within a system that is responsive to local and individual needs.

8. Aligned to the overarching strategy, the joint COSLA and Scottish Government Suicide Prevention Strategy ([Creating Hope Together](#)) and the [Self Harm Strategy and Action Plan](#) were published in 2022 and 2023 respectively. While supports and services aligned to the Framework are intended to be preventative in nature or offer early intervention rather than be delivered at a point of suicidal crisis, it is acknowledged that preventative and early mental health and wellbeing support may contribute to suicide prevention and reducing the impact of self-harm.
9. Individuals in crisis may sometimes present to community-based supports and services. While the supports or services presented to may not be appropriate, it is important that they are familiar with the above strategies, and that their initial response and escalation routes are aligned with the ethos and principles of the strategies, and those of [Time Space Compassion](#).
10. Work has also continued to progress commitments to [The Promise](#), and [Plan 24-30](#) was published in June 2024. Where appropriate, community-based supports and services should be delivered in a way that aligns with Keeping The Promise.
11. Funding related to the delivery of The Promise has included significant Scottish Government investment in [Whole Family Wellbeing](#), which aims to help family support services make transformational system changes to reduce the need for crisis intervention and shift investment towards prevention and early intervention. Local partnerships should consider how supports and services aligned to the Framework and Whole Family Wellbeing Funding complement each other, and consider what learning is available from each.
12. The principles of [Getting It Right For Every Child \(GIRFEC\)](#) are already central to children's services planning and the delivery of universal services, and continue to be relevant to the delivery of the Framework.
13. In addition to the rights that children and young people have under existing human rights and equalities legislation, the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#) has brought the UNCRC into Scots Law and put in place measures to achieve a culture of everyday accountability for children's rights across public services in Scotland. The revision of the Framework and its ongoing funded delivery contribute to addressing the recommendation made in the Concluding Observations of the UN Committee on the Rights of the Child in June 2023 that strategies should be developed or strengthened, with sufficient resources, for ensuring the availability of community-based mental health services for children of all ages.
14. The policy landscape around mental health, children and young people, families and human rights should continue to be considered when developing and delivering supports and services aligned to the Framework.

What does community-based support look like?

15. Supports and services aligned to the Framework should focus on prevention and early intervention. They should be provided to children, young people and their families who will benefit from additional help to promote, manage and improve their mental health and wellbeing, and to help them develop coping strategies and resilience. This support may be required for a variety of reasons and circumstances and should be holistic, recognising that children, young people and their families might experience a range of challenges and need whole-person flexible support.
16. Supports and services should support those in emotional distress and promote positive mental health and wellbeing. With appropriate professional oversight, supports and services can safely deliver help that targets a variety of issues. The following lists are not exclusive but give an indication of the kind of emotional distress that should be addressed and the positive mental health and wellbeing that should be promoted:

Emotional distress

- Anxiety
- Attachment
- Bereavement support
- Depression (mild to moderate)
- Emotional and behavioural difficulties associated with neurodevelopmental disorders
- Gender identity
- Repetitive/perseverative behaviours
- Self-harm
- Substance use
- Trauma

Positive mental health and wellbeing

- Body image and self-esteem
 - Building resilience and coping strategies (emotional regulation)
 - Healthy and positive relationships
 - Healthy digital interaction
 - Parenting support
17. Consideration should be given to different presentations of emotional distress, particularly for children and young people with complex needs, whose first language is not English or who have neurodevelopmental conditions.
18. The support available should be highly flexible, personalised, and adaptive to need and the changing circumstances of the child, young person or family member. Support should be compassionate, empathetic and kind, and take account of the evidence from stakeholders of what works, which includes:
- Continuity in provision. Wherever appropriate, getting support from people that children and young people know and trust, who should be enabled to be confident in addressing mental health and wellbeing. This may include continued contact with practitioners from CAMHS in community-based

support, or continued contact with trusted practitioners during the transition from children's to adult services.

- Confidential services for those who choose them, for example not in their school or immediate community.
- Relation-based practice, which enables support to be provided and change achieved through one-to-one professional relationships.
- Self-referral services that are as accessible as possible. Consideration should be given to age and stage appropriate language, neurodevelopmental conditions and learning disabilities. Self-referral must remain accessible by other means, e.g. through an advocate.
- Support for advocates or supports to attend with a child or young person.
- Support for language barriers, e.g. written materials in a range of languages and interpreters to attend with a child, young person or family member.
- An understanding of the impact of [trauma and adverse childhood experiences \(ACEs\)](#), which can affect the wellbeing of children, young people and their families.
- Awareness of the principles of [Time Space Compassion](#), a relationship and person-centred approach to supporting people experiencing suicidal crisis.

19. Examples of the types of supports and services that might be delivered are reflected below, recognising that this is not an exhaustive list:

- Support from staff trained in listening, counselling or other psychological therapies and interventions in appropriate settings.
- Early support in school for children and young people with mental health and wellbeing needs (in addition to the core provision of school counsellors).
- Targeted interventions for at-risk groups, where staff are trained in addressing the specific needs of the community in question.
- Enhanced youth work provision for early intervention, prevention, positive relationships and facilitating peer support.
- Parenting support groups which include information on brain development and help parents to understand and manage difficult behaviour and distress and empower them to strengthen their relationships with their children.
- Whole-family approaches involving supportive work with family members.
- Support for children and young people that helps them to contextualise their emotions by age and stage, understand brain development and develop self-care.
- Support for emotional regulation based on models such as dialectical behaviour therapy (DBT) and cognitive behavioural therapy (CBT).
- Therapeutic interventions, e.g. play therapy, art therapy, music therapy and drama therapy.
- Digital services such as online support platforms and text-based services.
- Supports involving sport or physical activity to enhance mental wellbeing.

- Peer support networks, including support groups, peer-led programmes and facilitated peer-to-peer support.
 - Age- and stage-appropriate services, e.g. for those aged 16 and over or for children and young people with complex needs.
20. Local partnerships are not expected to be able to put in place all the types of supports and services listed above. As provision should be informed by local needs, it is not anticipated that supports and services will look the same across different areas.

Core principles

21. Children, young people and their families should expect the following core principles in the provision of community-based support:
- **Easily Accessible.** Support should be easily and quickly accessible to anyone requesting assistance, and the range of supports and services provided by local partnerships should include self-referral options. Supports and services should be highly visible within the whole system so that children, young people, families and professionals are aware of the support pathways available. Local partnerships should ensure that information on their supports and services is publicly available and kept updated.
 - **Accessible to all.** Supports and services should be equitably accessible to those with additional and complex needs. There should be targeted provision for those considered at-risk, taking account of local needs, and there should be conscious efforts made to reduce health inequalities. This should systematically focus on children and young people with protected characteristics as well as other groups where there is evidence of poor mental health outcomes.
 - **Strengths-based.** There should be a focus on building resilience, listening and talking, and avoiding over-medicalising the child or young person. Supports and services should work collaboratively with the child or young person, focus on their strengths and capabilities, and help them develop coping strategies.
 - **Relationship-based.** Supports and services should be relationship-based and, where possible, delivered or supported by people already in a child or young person's life. Those with a trusted relationship with the child or young person should be helped to support them. Supports and services should be sustainably resourced to allow for the development of relationships.
 - **Prevention-focused.** Early intervention and preventative approaches should be prioritised. Supports and services should provide an early response to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response and assesses risk.
 - **Rights-based and person-centred.** Children, young people and their families should be empowered to express their views regarding their needs and support, and to have these views acknowledged, recorded and acted upon where possible. Where appropriate, children, young people and

families should take part in shared decision-making. All decisions made about a child or young person and their family should consider the mental health impact. Children, young people and their families should be engaged in design, delivery and evaluation of the supports and services on a continuing basis.

- **Get the right help at the right time.** Supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where this is more appropriately delivered by other services. Local partnerships should be clear and explicit about how the different services are expected to work together.
 - **Tell your story only once.** Children, young people and their families should be able to tell their story once and should be supported through seamless transitions. There should be "no wrong door" to support. Where suitable support is not available in the community, professionals should facilitate transition into the most appropriate setting.
22. In addition to the above, supports and services should work in a way that helps tackle [stigma and discrimination](#), for example by:
- Raising awareness and understanding around mental health, and of the barriers that stigma and discrimination can present for seeking, accessing and receiving the right help and support.
 - Challenging myths, misconceptions and stereotypes around mental health wherever this is seen, including where it overlaps with other forms of stigma such as around protected characteristics, and social factors like poverty.
 - Promoting empathy, compassion and listening to anyone struggling with their mental health and encouraging open and supportive communities within staff teams and amongst children and young people themselves.

Design, delivery and evaluation

23. Effective design and delivery should ensure that the needs of children, young people and families are understood, drawing on available data and information, and that appropriate supports and services are identified and put in place to address those needs.
24. Supports and services should build on existing structures, with strong links established to children's services planning and community planning, maximising the opportunities for children and young people to improve their mental health and emotional wellbeing and ensuring clear pathways between services.
25. Supports and services will normally use evidence-based and evidence-informed interventions, but may sometimes use less well-evidenced approaches where these are considered to be best placed to help the child or young person. Any risk arising from this should be managed as appropriate.
26. Under Article 12 of the UNCRC, every child has the right to be heard in matters affecting them. A [rights-based approach](#) should be taken to the design, delivery and evaluation of supports and services, and these should be developed and co-produced with children, young people and their families, who should be involved

as early as possible and going forward to ensure that local needs and priorities are identified and continue to be reflected. There should also be appropriate consideration of how stigma and discrimination can be addressed in the design of the supports and services.

27. Local partnerships should actively engage with under-represented and at-risk groups, including communities who may often find themselves excluded or who are seldom heard from. These groups are likely to be at heightened risk of experiencing poor mental health, and of not receiving the right help at the right time. This includes for instance children, young people and their families who:
 - are care-experienced
 - are from minority ethnic backgrounds
 - are LGBT+
 - are young parents or carers
 - have learning disabilities or complex needs
 - have experience of the criminal justice system
 - are experiencing or are at risk of poverty
 - are asylum-seekers or refugees
28. The above list is not exhaustive, and local partnerships may identify other groups who are in particular need of support in their area.
29. Local partnerships should consider their assessment and child's plan processes alongside the design and delivery of supports and services, to ensure the right service at the right time for children and young people with mental health needs. Where services require to co-ordinate, this should involve a lead professional and should be part of a single process with other needs the child or young person may have. Such work might include process mapping to reduce delay and achieve an effective response to requests for help, wherever children, young people or their families might ask for it.
30. In providing support and considering where it should take place, local partnerships should also consider the physical environments in which supports and services are delivered with particular consideration around creating safe, non-clinical environments that are accessible to all. Children and young people consistently ask for somewhere comfortable and pleasant where they can feel relaxed talking about their mental health and wellbeing.
31. To help understand local needs and aid the ongoing development of supports and services, local partnerships should consider meaningful and proportionate monitoring and evaluation of the provision of the supports and services. [Appendix A](#) contains the outcomes that delivery of the supports and services should achieve, and these can support monitoring and evaluation work.
32. Measuring or evaluating the impact of services that support children and young people's mental health and wellbeing can be challenging, particularly where these are preventative in nature or focused on promoting positive mental health and wellbeing. Supports and services may choose to use a range of tools to measure progress towards desired outcomes, depending on what is appropriate to the child or young person and the support being offered. Examples utilised by supports and services to date include but are not limited to:

- Practitioner-developed surveys
 - Goal-setting and Outcomes Stars
 - Stirling Children's Wellbeing Scale
 - SHANNARI Wellbeing Web
 - Warwick-Edinburgh Mental Wellbeing Scale
 - Strengths and Difficulties Questionnaire
33. Population level data can also be considered. While this will not demonstrate outcomes for individuals or the impact of a specific support or service, it may help local partnerships assess wider need and the direction of travel. This might include data from:
- [SHINE](#) (school-based staff)
 - [Health and Wellbeing Census](#)
 - [Growing Up In Scotland](#)
34. In addition, [mental health indicators](#) have been developed by Public Health Scotland.

Access and availability

35. Community-based support should be visible, easily accessible and available to all children, young people and their families.
36. Easy access to supports and services means having these situated in the places that children, young people, and their families are most likely to use or ask for them, e.g. in school, general practice, youth work or in other community settings. A single approach may not be appropriate, particularly to cover the full age range. For many children and young people, support should be integrated into aspects of their daily lives, but for others it will need to be provided in different settings.
37. A significant factor in making supports and services accessible is ensuring that children, young people and their families know where to look for help if required. This could be achieved through the supports and services being advertised locally, or the use of a dedicated website or mapping function, for example. It is important that local partnerships take active steps to promote the existence of community-based support, particularly as some people may not be aware that mental health services are provided outside the NHS.
38. For supports and services to be as accessible as possible, local partnerships should also consider the following:
- Supports and services should be available at times that children, young people and families can readily access them, not solely traditional office hours or weekdays.
 - There should be an appropriate balance between the provision of face-to-face and digital supports and services, taking account of local factors such as demographics and rurality.

- There should also be an appropriate balance of provision across the age range, including consideration of older young people who may no longer be at school or who may be transitioning from children's to adult services.
 - Support should be available as close to 365 days a year as possible.
 - There should be clear pathways linking supports and services with all other parts of the system.
 - Self-referral is an essential element. There should also be other non-referral entry points, e.g. open access, drop-in and digital.
39. To ensure fully accessible supports and services, there should be specific consideration of at-risk groups and provision made for these, taking account of local needs. Local partnerships should also consider the impact of health inequalities and barriers to support. This should systematically focus on children and young people with [protected characteristics](#) as well as other groups of children and young people where there is [evidence](#) of poor mental health outcomes.
40. Supports and services should also be available for family members and carers of children and young people, particularly those in a parental role and siblings. This should apply also where the child or young person is receiving additional support. For example, if the child or young person is receiving support at CAMHS or in school, their families should be able to access community-based support when it is needed. It is important to recognise that young people may be parents too and require support for both themselves and their child.
41. Resilient families will be better able to provide support at home. There is a need to provide preventative support to family members who are supporting their child or young person, and to provide whole-family support where there is already significant stress. This support should be flexible and delivered in a place and in a way that is most appropriate for the family.
42. Consideration should be given to how help can be provided where required for children and young people to access supports and services. Additional measures to ensure that supports and services are accessible may include:
- Offering facilitated transport.
 - Providing interpreters and making information available in multiple languages.
 - Providing childcare in supports and services that are aimed at young parents.
 - Sharing venues by providing supports and services alongside other more general supports that may be frequently or easily accessed, e.g. youth or sport clubs.
 - Making support available to those who have existing relationships with the child or young person, including multi-disciplinary consultation on how best to support the child or young person.

Whole-system approach

43. It is vital that supports and services are integrated with and contribute to a whole-system approach, with strong links to the support provided by universal and specialist services to ensure a continuum of support around the child or

young person. This should include use of the GIRFEC [national practice model](#) and [wellbeing indicators \(SHANARRI\)](#) to identify, describe and evaluate needs, as a co-ordinated approach to planning that brings professionals from across different disciplines together to deliver the right support, in the right place at the right time.

44. There should be clear points of initial contact and access through any appropriate source to ensure that a child or young person is provided with the help they need. There should be no wrong way to access support and “no wrong door” for children and young people.
45. Supports and services should have strong links with CAMHS when considering issues such as substance use, self-harm, depression and trauma, with shared risk assessments and clear pathways of escalation. There should also be appropriate links to out-of-hours and crisis services.
46. Education is a key part of the whole system, and supports and services should complement the mental health and wellbeing support provided in schools by pastoral care practitioners, school counsellors and school nurses.
47. Supports and services should recognise and respond to the factors that can contribute to poor mental health and wellbeing, such as poverty, unemployment, homelessness and substance use. There should be clear links to other services that can provide support in relation to those matters. This could be facilitated by co-locating services such as money advice alongside community mental health supports.
48. Children and young people should experience a seamless pathway through support. Local partnerships should take a whole-system approach to supporting children, young people and their families, and work together as appropriate with CAMHS, adult mental health services, perinatal and infant mental health services, primary care, education, social work, the third sector, wider children’s services, and other services that children and young people may be involved with such as youth work, employability and alcohol and drug support.
49. There should be strong connections between supports for those aged 5 and over and perinatal and infant mental health services, and this should help children and their families as they transition between different stages. There are now a number of statutory and third sector perinatal and infant services across the country, including community perinatal services, infant mental health services, and maternity and neonatal psychological intervention services.
50. Everyone involved in supporting mental health and wellbeing should be clear about the role of community-based support and have a good awareness of wider services available in their local area, not only for children and young people but also for younger adults. This is important as those aged 16 and over are able to access community-based support for young people as well as for adults, for example through [community projects for adults](#), and wider services will also be relevant in supporting family members. The community projects for adults have the same focus on prevention and early intervention, and are supported by third sector interfaces (TSIs) in each local authority area.

51. Good awareness between wider services should also help make the transition to adult services smoother for older young people. Young people's experience of transitions may also be enhanced by taking a holistic approach, making processes less complex, improving young-person-friendly information and signposting to other local services.
52. Local partnerships should engage with the third sector as appropriate to local needs and delivery. Collaboration with the third sector can help to deliver creative solutions, increase the capacity of grassroots organisations, and support community engagement and the involvement of people with lived experience.

Workforce

53. Supports and services should be delivered by people with the right knowledge, skills and experience, and the workforce should be appropriately supported and resourced. Ensuring safe and effective person-centred practice requires several elements to be in place in terms of workforce capacity and capability.
54. Important within these will be a co-ordinated system to provide quick assessment of need and access to staff with the relevant skills. The workforce involves both public sector and third sector staff, as a considerable amount of community-based support is provided through third sector organisations.
55. Local partnerships should ensure engagement with the CAMHS workforce to consider what additional capacity it can provide to support delivery of these supports and services, in line with the GIRFEC approach.
56. Specific knowledge and skills targeted at mental health and wellbeing needs and outcomes are required across sectors and disciplines in line with the following four levels of practice transcending sector disciplines and professions:

Informed	All staff working in health, social care and third sector settings
Skilled	Staff who have direct and/or substantial contact with infants, children, young people and their families
Enhanced	Staff who have more regular and intense contact with infants, children, young people and their families, who are at risk of or are experiencing mental health and wellbeing concerns
Specialist	Staff who, by virtue of their role and practice setting, provide an expert specialist role in the assessment, care, treatment and support of infants, children, young people and their families, who are at risk of or experiencing mental health and wellbeing concerns

57. It is expected that most workers in community-based support will be practising at the skilled and enhanced levels, providing relationship and listening-based supports and services, with support from CAMHS staff as required. Health visitors, midwives, school and family nurses should also be well integrated into the system of community wellbeing support.
58. All staff working across the four levels should themselves be supported and able to work safely. Priority should be given to staff wellbeing and ensuring that there

are appropriate reflective practices or supervision structures to support staff to deliver safe, high quality, evidence-based, relational approaches while maintaining their own resilience and wellbeing. Key to supporting the workforce is having the right training and development in place.

59. CAMHS teams should support both universal and additional services for children and young people, including community-based support, by providing consultation, advice and training, and supervision where appropriate of those staff providing psychological interventions. Children, young people and their families who are supported in CAMHS should also have access to support provided in universal and additional services where appropriate.
60. All staff working in the supports and services should be confident in utilising a [rights-based approach](#) and trauma-informed practice, informed by relevant training and resources such as those offered by [NHS Education for Scotland](#).

Risk

61. There is degree of risk involved in the provision of community-based mental health support, including for example:
 - Managing crisis or suicidal ideation. While community-based supports and services are aimed at promoting positive mental health and wellbeing and supporting those in emotional distress, children, young people and their families will sometimes present at these services in need of urgent care, or their needs may change over the course of accessing support.
 - Managing adult or child protection concerns.
 - Ensuring supports and services, including digital resources, are of sufficient quality to meet needs and have effective escalation routes.
62. The management of risk should be considered in relation to both face-to-face and digital services, and should include each local partnership collaborating on how risk will be managed and monitored across the range of local supports and services.
63. Important risk mitigations include:
 - Ensuring clear, agreed escalation routes to CAMHS and adult mental health services. Usually, this will be how to seek advice from a clinician where a child or young person is not getting better or is raising concern. It should also include how to support children, young people and their families to access urgent assessment both in-hours and out-of-hours from other professionals including GPs, mental health specialists, nurses and social work if required.
 - Clear escalation routes to adult and child protection processes.
 - Appropriate professional oversight and necessary safeguards, which includes all staff being aware of the need to assess risk and of their own capacity to do so at a local level.
 - Appropriate staff training and support.
 - In relation to digital services, an up-to-date knowledge of the latest [online threats and harmful trends](#), and an understanding of the impact technology can have on children and young people's health and relationships.

Appendix A – Framework outcomes

Outcome 1: Wellbeing

Children, young people and their families have improved mental health and wellbeing.

Outcome 2: Early guidance and support

Children, young people and their families can access guidance and support at an early stage, when and where they need it.

Outcome 3: Clearer pathways

Children, young people and their families receive the help they need, and pathways to supports and services are clearly communicated.

Outcome 4: Whole-system approach

Supports and services are part of a whole system where key partners work together to improve the mental health and wellbeing of children, young people and their families, all of whom are integral to the co-design of supports and services.

Appendix B – Resources

[CAMHS National Service Specification](#)

[Children and Young People - National Neurodevelopmental Specification](#)

[Children and Young People's Mental Health and Wellbeing - Knowledge and Skills Framework](#)

[Children and Young People's Mental Health and Wellbeing - Professional Learning Resource - Education Scotland](#)

[Children and Young People's Participation in Decision-Making](#)

[Communities Mental Health and Wellbeing Fund for Adults - TSI Scotland Network](#)

[Digital Learning Map - NHS Education for Scotland](#)

[Evidence Framework for the Assessment of Health Technologies](#)

[Evidence Narrative to inform the Scottish Government Mental Health and Wellbeing Strategy](#)

[Helpful Resources - NHS Education for Scotland](#)

[Informed Level Resources - NHS Education for Scotland](#)

[Mental Health and Wellbeing - Whole School Approach Framework](#)

[Mental Health and Wellbeing - Parent Club](#)

[Mental Health Services at NHS 24](#)

[Mind to Mind - NHS Inform](#)

[National Trauma Transformation Programme](#)

[Professional Learning and Training Resources to help Keep The Promise](#)

[See Me See Change](#)

[Student Mental Health Action Plan](#)

[The Right Way - Scottish Youth Parliament](#)

[The Scottish Mental Illness Stigma Study](#)

[Time Space Compassion](#)

[Your Mental Health and Wellbeing Insights Report - YouthLink Scotland](#)



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